|  |  |
| --- | --- |
| Child’s Full Name |  |
| Preferred Name |  |
| Date of Birth |  |
| Gender |  |
| Parent/Guardian Name |  |
| Street Address |  |
| City, State, Zip |  |

**EMERGENCY INFORMATION FORM**

|  |  |
| --- | --- |
| Emergency Contact |  |
| Relationship to Child |  |
| Cell/Primary Phone # |  |

**Other person(s) authorized to pick-up my child:**

|  |  |  |
| --- | --- | --- |
| Name | Phone # | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Family/Primary Doctor: |  | Phone #: |  |
| Insurance Provider: |  | Insurance ID: |  |

Known Allergies Reactions

|  |  |
| --- | --- |
|  |  |
|  |  |

Medical Conditions Current Medications

|  |  |
| --- | --- |
|  |  |
|  |  |

Please use this space to list any emergency self-carry medications and complete the accompanying instruction sheet.

|  |
| --- |
|  |
|  |

Please use this space for any additional information that Branch Museum staff should know in order to provide your child with a successful camp experience.

|  |
| --- |
|  |
|  |

*I certify that the information provided above is accurate. I have read and understand the information provided and have reviewed this information with my child. My child has permission to participate in all program activities. While The Branch Museum and its staff members make every effort to provide a safe learning environment, I understand that there is always the risk of an accident. I will not hold the museum responsible for any accident or injury that may result during these activities. In the event of any medical emergency, I authorize Branch Museum staff to administer first aid and/or seek emergency treatment for my child.*

**Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY MEDICATION PERMISSION FORM**

Medications prescribed for an individual child in the event of an emergency MUST be kept in the original container bearing the original pharmacy label with child’s name, medication, and dosage. **NO medication, prescribed or over the counter, shall be dispensed without written permission of the legal guardian of the child.** The pharmacy label can serve as the written order of the physician.

|  |  |
| --- | --- |
| Name of Child |  |
| Name of Medication |  |
| Dosage |  |
| Emergency Parameters |  |
| Pharmacy + Prescription # |  |

**To Be Completed by Parent/Legal Guardian**

Please supply detailed, written directions on the administration of emergency medication:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I authorize Branch Museum personnel to administer the above medication to my child in an emergency using the instructions I have provided on this form.***

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other**

Is there anything else you would like us to know about your child?